

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

and negotiations are coordinated through this branch. All Federal budget and statistical reports are prepared and submitted by this branch. In conjunction with the Division of Claims Management, this branch ensures that the Department's automated systems are appropriately updated to provide accurate and timely finance-related information. This branch is primarily responsible for audit coordination, rate coordination/IGT coordination, and expenditure analysis and forecasting. With appropriate program staff input, this branch performs long and short term revenue and expenditure forecasting for the Department, performs financial impact analysis for newly proposed programs, proposed legislation, service or eligibility revisions for expansion, and conducts or sponsors actuarial studies of Medicaid of MCE service and demographic experience. In addition, they evaluate Managed Care Entities rate proposals in light of actuarial information, and maintain expertise necessary to provide technical assistance to program staff in support of their rate modeling and development responsibilities.

F. DIVISION OF CLAIMS MANAGEMENT

This division has the oversight responsibility for the contract with MMIS/Fiscal Agent. Division staff are responsible for provision of technical assistance to the Commissioner and Deputy Commissioner. This division is also responsible for policy development regarding eligibility, for resolving all recipient eligibility concerns, Utilization Review, and program integrity issues. This Division provides technical assistance to the Department in all areas of Information System development and management.

1. Recipient Claims Assistance Branch: This branch maintains a general Medicaid information help desk to field inquiries from the public and provides assistance to Medicaid recipients.
2. Claims Assistance Branch: This branch develops and coordinates the procurement, maintenance and monitoring of the MMIS contract. In addition, this Branch serves as the Department liaison and monitors the performance of all external "feeder" Information Systems (KAMES, SDX, PAS, etc.), prepares and verifies the accuracy and completeness of all routine and special management information reports, and serves as the Department liaison to

State: Kentucky

ORGANIZATION AND FUNCTION OF THE STATE AGENCY

external information management agencies. They also assist program staff in the interpretation of data.

G. DIVISION OF HOSPITALS AND PROVIDER OPERATIONS

This division has direct responsibility for all hospital, physician, and specialty services. Providers include physicians, dentists, nurse practitioners, podiatrists, nurse anesthetists, chiropractors, and optometrists. Specialty services include vision services, hearing services, independent labs, durable medical equipment suppliers, and emergency transportation providers. The Director of this division has direct responsibility for the Physician Services, Dental Care, Podiatric Care, Nursing Services, Optometric Care, Primary Care, and Hospital Care Technical Advisory Committees.

1. Hospitals Branch: This branch is primarily responsible for services in Inpatient Hospitals, Outpatient Hospitals, Renal Dialysis Centers, Ambulatory Surgical Centers, Rehab Hospitals/Facilities, Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), Comprehensive Outpatient Rehab Facilities, Critical Access Hospitals, DSH policy, and transplants.
2. Physician and Specialty Services Branch: This branch includes the following programs: dentists, vision services, hearing services, podiatrists, chiropractors, family planning, durable medical equipment (DME), emergency transportation and ambulance service, independent lab, other lab, X-ray, optometrists, services to physicians, Primary Care Centers, Rural Health Centers, nurse practitioners, midwife services, nurse anesthetists, and preventative care (LHD). This branch is also responsible for policy/regulation development and analysis, rate setting and analysis, and provider enrollment.

PROFESSIONAL MEDICAL, DIRECT SUPPORT STAFF AND PERSONNEL
ENGAGED DIRECTLY IN THE OPERATION OF MECHANIZED CLAIMS
PROCESSING AND INFORMATION RETRIEVAL SYSTEMS

Following is a description of the kinds and numbers of personnel engaged directly in the operation of mechanized claims processing and information retrieval systems, professional medical personnel and their supporting staff, used in the administration of the Program and their responsibilities.

Medical Director – (1) Office of the Commissioner

Physician responsible for medical oversight of the Division of Children's Health Insurance, Division of Long Term Care and Community Alternatives and the Division of Medical Management and Quality Assurance.

Pharmacy Director – (1) Office of the Commissioner

Acts as support staff to the Drug Management Review Advisory Board. Interfaces with fiscal agent on prior authorization (drugs) issues. Manages pharmacy program.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring for psychiatric hospitals. Conducts random sampling reviews of admissions and continued stays for psychiatric hospitals, PRTF's and acute care hospitals. Provides clinical technical assistance regarding valid codes and claims.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of physician, physician assistant, chiropractic, and podiatry services. Reviews claim issues and recommends systems audits and edits for resolution. Researches claims and medical records as appropriate to resolve questionable practice or coverage issues. Reviews and updates reimbursement system codes. Provides technical assistance to providers based on Medicaid guidelines.

Nurse Consultant/Inspector – (1) Division of Hospitals & Provider Operations

Provides administration and monitoring of durable medical equipment (DME). Provides technical assistance for providers, including research and resolution for claims issues. Provides prior authorization entry and other changes as needed for DME.

Nurse Consultant/Inspector – (3) Division of Hospitals & Provider Operations

Provides administration and monitoring of physician and specialty services.
Provides technical assistance for providers, including research and resolution for claims issues. Performs other technical assistance functions as required.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for Community Mental Health Center and Abuse services and the Supports for Community Living Program.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for the Acquired Brain Injury Waiver Program and the Supports for Community Living Waiver Program.

Nurse Consultant/Inspector – (1) Division of Long Term Care & Community Alternatives
Responsible for Targeted Case Management Programs and the ICF/MR Program.

Nurse Consultant/Inspector – (3) Division of Long Term Care & Community Alternatives
Responsible for nurse aide training and review, free standing nursing facilities, Home Health, Hospice, appeals, MDS validation, and training for MDS. Works with the PRO and related associations.

Nurse Consultant/Inspector – (4) Division of Long Term Care & Community Alternatives
Responsible for monitoring, clinical, and appeals for Home & Community Based Waiver, Adult Day Care, and Model Waiver II.

Director – (1) Division of Medical Management & Quality Assurance
A medical professional responsible for directing the policies and activities related to medical management and quality assurance.

Assistant Director – (1) Division of Medical Management & Quality Assurance
Assists in managing the health care needs of the Medicaid population for the division and the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Nurse Administrator – (2) Division of Medical Management & Quality Assurance
Manages Division programs, services, and personnel. Develops Division policies and procedures. Assists with strategic planning and develops operating budgets. Supervises in-house and field Nurse Consultant/inspectors and other support staff.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance

Responsible for oversight and quality performance of Passport Healthcare. Reviews quality reports and monitors contractual requirements of Passport and review outcomes and benchmarks. Reviews quality initiative for Medicaid fee-for-service and compares quality indicators and benchmarks of both Passport and fee-for-service.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Requests, reviews and analyzes reports for the Medicaid fee-for-service programs. Identifies members or providers who are over utilizing resources and refers them to appropriate staff (care coordination, disease management, and educational needs if appropriate).

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Performs oversight and quality performance of National Health Services (NHS), the Department's peer review organization. Responsible for reviewing quality issues and monitoring contractual requirements of NHS, as well as review outcomes and benchmarks.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Performs oversight of Medicaid fee-for-service programs. Reviews quality standards, outcomes and benchmarks as it relates to Medicaid programs. Reviews policies and procedures and makes recommendations accordingly.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Acts as transplant coordinator and disease management coordinator in this division. Responsible for research regarding management of specific diseases and activity coordination in accordance with that research.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Nurse coordinator of the EPSDT program. Researches and develops EPADT policies and procedures. Researches CMS mandates regarding children's programs. Performs overview compliance and reports of an ASO entity. Oversees and reports on appropriate treatment, national standards and quality reviews.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance
Reviews all medical management documentation, utilization reports, quality reports and makes recommendations to the medical director regarding all aspects of care coordination, disease management, lock-in and quality initiatives of the division.

Nurse Consultant/Inspector – (1) Division of Medical Management & Quality Assurance

Performs case management and care coordination for adult and pediatric catastrophic cases and for those Medicaid recipients referred to the Medicaid Lock-in Program.

Nurse Consultant/Inspector – (11) Division of Medical Management & Quality Assurance

Responsible for regional care coordination program and technical consultative services. Participates in the development, revision, evaluation, and interpretation of agency policies, procedures and guidelines.

Graduate Accountant IV – (1) Division of Administration and Financial Management

Establishes escrow accounts on MMIS. Maintains a daily check log for the Department. Places stop payments on reimbursement checks and reissues returned checks as appropriate. Reviews account receivable reports.

Assistant Director – (1) Division of Claims Management

Assists in monitoring the fiscal agent contract in order to assure compliance with contract requirements. Assists in direction of system and design change and discrepancy request forms and other correspondence between information systems and fiscal agent, department divisions, and others. Assists in developing solutions for MMIS problems and in helping in the design of enhancements for the division and the department. Assists in the coordination of changes mandated by CMS as they relate to the information system of the division and as required by the department. Maintains a general knowledge of changing directions within health care and keeps the Director apprised of new legislation affecting the division. Serves as a backup to the Director.

Administrative Branch Manager – (1) Division of Claims Management

Manages the employees and activities of an information technology branch. Responsible for the development, installation and operation of Medicaid-related data processing computer systems. Manages the data processing training activities and programs for the department.

Administrative Secretary I – (1) Division of Claims Management

Provides administrative support for functions of an information technology branch.

Resource Management Analyst II – (3) Division of Claims Management

Monitors and makes recommendations concerning contracts or operations, problems and issues in the systems or web/Internet environment. Under general direction, analyzes user requests for the development or modification of technology requests, researches and makes recommendations for solutions. Reviews specifications and testing for all phases of systems development.

Provides technical assistance to staff implementing new systems or modifications to existing systems. Communicates programmatic needs and facilitates problem resolution between agency and contract staff. Identifies and evaluates problems or issues in the systems or web/Internet environment.

Resource Management Analyst III – (3) Division of Claims Management

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Reviews state and federal legislative and regulatory changes and technology alternatives and develops plans, procedures and recommendations accordingly. Approves specifications and testing for all phases of systems development. Monitors and makes recommendations concerning operations, problems or issues in the systems or web/Internet environment. Serves as technical resource to Department management during evaluation of technology initiatives, conducting or preparing presentations for the Department and Cabinet leadership as required. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs.

Systems Consultant IT – (1) Division of Claims Management

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Approves specifications and testing for all phases of systems development. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs. Facilitates MMIS training for DMS staff and other stakeholders.

Systems Consultant IT – (1) Division of Claims Management

Coordinates problem resolution and future planning between DMS systems and program staff. Contacts Unisys (the Medicaid fiscal agent) program staff, analysts and administrative staff daily regarding system issues or contractual duties daily. Coordinates all activities related to EFT implementation. Assists ad hoc reporting staff so queries can accurately completed. Assists contractors with criteria needed to correctly compile data on recipients, services, and providers.

Medicaid Specialist I – (1) Division of Claims Management

Research and recommend solutions to billing issues. Track and monitor claims sent for reprocessing. Monitor claims from out-of-state nursing facilities. Act as technical consultant for proposed payment systems updates and enhancements.

Medicaid Specialist II – (1) Division of Claims Management

Researches and recommends solutions to billing issues. Tracks and monitors claims sent for reprocessing. Assists providers in resolving billing issues. Develops systems change requests to improve hospital claim processing.

Conducts retrospective claim reviews. Assists with pricing hospital transplant claims. Accepts ad hoc system requests and distributes the completed reports.

Medicaid Specialist III – (1) Division of Claims Management

Provides technical assistance to providers regarding the billing process, prior authorization process, procedure codes, pricing, and claims denial. Responsible for claims overrides and approvals. Educates providers regarding EPSDT special services and regular Medicaid services. Determines which providers may enroll as EPSDT providers and explains the enrollment process. Interacts with NHS regarding coverage, pricing, coding, and prior authorization issues.

ELIGIBILITY DETERMINATIONS

The Department for Medicaid Services has by interagency agreement provided that the Department for Community Based Services will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

The Department for Community Based Services is the single State agency for financial assistance under Title IV-A. Within the Department for Community Based Services, the Director of the Division of Family Support is responsible for supervising and directing the eligibility-related activities of staff located in each of Kentucky's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

TN No.: 04-004

Supersedes

TN No.: 86-1

Approval Date: NOV 01 2004

Effective Date: 7/09/04